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Introduction

NaBITA (the National Behavioral Intervention Team Association) provides behavioral intervention teams (BITs) with proactive guidance to develop the most efficacious and efficient approaches for addressing and preventing crisis events on campus. With the introduction of the NaBITA Risk Rubric in 2007, certification trainings for Behavioral Intervention Teams that began in 2010, the publication of dozens of table top scenarios, a large-scale biennial survey of BITs from across the country, and the development of the Structured Interview for Violence Risk Assessment (SIVRA-35), and other risk assessments, NaBITA is now introducing professional standards for the field of behavioral intervention.

In any new field, it is important to develop guiding principles. For the field of behavioral intervention, NaBITA has provided tools for BITs such as, *The Core Q10*,¹ *The Book on BIT*,² *Brief BITs*³ case studies, and *Best BITs*⁴ thematic tips and advice. As we expanded our research through articles in the *Journal of Behavioral Intervention Teams (JBIT)*⁵ and several national surveys,⁶ it became clear there was a need for the field to have a concise document outlining the professional standards related to behavioral intervention.

NaBITA's Mission

NaBITA's mission is committed to providing education, development and support to school and workplace professionals who endeavor every day to make their campuses and workplaces safer through caring prevention, intervention, and management of identified and concerning behavior.

NaBITA's Vision

NaBITA's vision is to make our campuses and workplaces safer environments where development, education, and caring intervention are fostered and encouraged. NaBITA brings together professionals from multiple disciplines that are engaged in the essential function of behavioral intervention in schools, on college campuses, and in corporations and organizations for mutual support and shared learning. Whether it is to combat bullying, prevent violence, support individuals with disabilities, empower the success of those suffering from mental health challenges, or assist those who are in crisis, our members are joined in common purpose and exploration of best practice.

NaBITA's Values

Collaboration	Diversity	Education	Empowerment
Inclusion	Integrity	Leadership	Respect

¹ Van Brunt, B. (2015). *The Assessment of Behavioral Intervention Teams: Core-Q10*. NaBITA. Berwyn, PA.

² Sokolow, B., Van Brunt, B., Schuster, S and Swinton, D. (2014). *The Book on BIT (2nd ed)*. NaBITA. Berwyn, PA

³ Van Brunt, B. (2017). *Brief BITs: Tabletop Trainings for the Behavioral Intervention Team (BIT)*. NaBITA. Berwyn, PA

⁴ Van Brunt, B. (2017). *Best BITs: Topics in Campus Behavioral Intervention & Violence Prevention*. CG Communication & Design. Valrico, FL.

⁵ Van Brunt, B. (Ed.) (2013-2017). *Journal of Campus Behavioral Intervention (J-BIT)*. NaBITA. Berwyn, PA.

⁶ NaBITA 2012, 2014 and 2016 membership surveys.

Using the mission, vision, and values of the National Behavioral Intervention Team Association, publications created by and for the association, and data gathered from national BIT surveys, the following goals were established for the creation of professional standards for behavioral intervention teams.

Goals

NaBITA's goals for creating this document are to provide quality recommendations and guidelines for use by school practitioners to build and maintain campus CARE teams and BITs.

The standards aim to:

- Ensure that BITs are guided by best practices that promote a safe, effective, and efficient means to deliver BIT services.
- Enhance the quality of BIT services provided to the institution, its students, faculty, and staff.
- Advocate for students' rights so that they may be successful, have access to school services and resources, and be appropriately included in decision-making that affects their own health and wellbeing.
- Encourage institutional and school wide participation in the development, refinement, and integration of best practices and standards for BIT services.
- Establish a framework that fosters continual research, professional development, and practice that will further the profession for caring practitioners.

The following standards are categorized as Structural, Process, or Quality Assurance and Assessment Elements.

- The structural elements in Part 1 include components related to the team itself, including the mission, scope, description, type, name, membership, meeting frequency, procedural manuals and budget.
- Part 2 outlines the functions of the team including objective risk rubrics, interventions, marketing, record keeping, training for team members, and risk assessments.
- Part 3 provides standards for quality assurance and assessment through the use supervision, end of semester and year reports, and a team audit to analyze the work of the team.

NaBITA Standards for Behavioral Intervention Teams

PART 1. Structural Elements

Standard 1. Define BIT: *Behavioral Intervention Teams are small groups of school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them.*

BITs engage in three main functions: 1) gathering data from the individual and community; 2) analyzing this data using objective rubrics, tools, and assessments; and 3) intervening and following up based on the level of risk resulting from the assessment process. Assessment should be an ongoing and circular process for all functions of the BIT. For example, a BIT should assess any interventions based on their effectiveness, context, new data, and evaluation of risk.

Standard 2. Prevention vs. Threat Assessment: *Schools have an integrated team that addresses early intervention cases as well as threat assessment cases.*

Instead of having separate threat assessment/violence risk assessment teams and BIT/CARE teams, NaBITA's primary model teaches threat assessment (TA) as a component within the BIT/CARE team. This collaborative effort to reduce the silo-effect, simplifies marketing and advertising, ensures inclusive training, and streamlines database management. It reduces duplication of efforts often found when maintaining two separate teams, creating greater simplicity in advertising to the larger community and keeping those involved in early identification and prevention working closely with those trained in violence risk and threat assessment/management. If a school uses a split model, there should be some overlap in team membership to ensure good communication across teams. As CARE Teams/BITs are designed to identify early indicators of escalating and concerning behaviors, they are often able to identify and intervene before threats are formalized.

Standard 3. Team Name: *Team names communicate the role and function in a way that resonates with the campus community.*

Team names vary from school to school. Common team names are behavioral intervention teams, student of concern teams, and CARE teams. Team names should avoid overly tactical or law enforcement terminology that would reduce reporting for non-direct threat cases. Team names should also avoid cliché or odd acronyms such as Threat Assessment and Behavioral Intervention Campus Awareness Team (TABI-CAT). Choosing a name that will resonate with your unique campus climate and community is important. The name of your team should communicate the role and function so that students, faculty, and staff can understand the purpose of the team. Your team name should also allow community members referred to your team to feel supported and encouraged versus labeled and/or marginalized.

Standard 4. Team Leadership: *Team leaders serve to bring the team together and keep discussions productive and focused while maintaining a long-term view of team development and education.*

Good leadership is critical to a BIT. BITs should have a permanent chair who sets their eyes on big picture issues and keeps the team focused, functioning, and on task. A good leader has the ability to bring a team in line with best-practice standards and implement a collaborative management approach, in which diverse opinions and perspectives are brought seamlessly together to problem-solve. In keeping up with cases, team members may lose focus on needs for ongoing training, conducting tabletop exercises, and keeping policies and procedures up to date. Ideally, the chair will be a person to whom others are drawn and who inspires a sense of loyalty and a desire to follow, has the ability to develop consistency and reliability among team members, and has an ability to establish trust and positive communication within the team and with others around campus.

Standard 5. Team Membership: *Teams are comprised of at least 5, but no more than 10 members and should at a minimum include: dean of students and/or vice president of student affairs (principal or assistant principal in K-12), a mental health care employee (adjustment counselor or school psychologist in K-12), a student conduct staff member, and a police/law enforcement officer (school resource officer in K-12).*

Additional team members may include: a case manager (either clinical or non-clinical), disability services (IEP/special education teacher in K-12), Greek Life, Title IX and a residential life representative. When looking at team membership, it is critical to consider the context of your specific institution. BITs should continually review current research and national trends to develop best practices for their own campus. One challenge of BITs is ensuring that they have representation from all relevant campus departments, but do not grow so large that scheduling a meeting, making decisions, and keeping track of follow-up becomes impossible. Teams should have various levels of team member involvement, database access and expectations through the assignment of staged membership levels. One example is NaBITA's use of core, inner, middle and outer circle member designation.⁷

Standard 6. Meeting Frequency: *Teams have regularly scheduled meetings at least twice a month with the capacity to hold emergency meetings immediately when needed.*

Team leadership should have the ability to organize and launch meetings through conference phone lines and video technology immediately if needed, as referrals are received. For ongoing meetings, teams should meet once a week or twice a month and have a set meeting time (e.g., Tuesdays at 3 p.m.). These meetings should be 60–90 minutes in length. When there are no cases to discuss, that time should be used for professional development, to conduct tabletop exercises, and to review procedures and processes. The Chair or other assigned member circulates an agenda prior to each team meeting.

⁷ Van Brunt, B., Reese, C. & Lewis, W. (2015). Who's on the Team: Mission, Membership and Motivation. NaBITA. Berwyn, PA.

Standard 7. Team Mission: *Teams have a clear mission statement which identifies the scope of the team, balances the needs of the individual and the community, defines threat assessment as well as early intervention efforts, and is connected to the academic mission.*

A mission statement communicates a commitment to early and intentional action with a goal of ensuring safety and wellbeing for all members of the community. To this end, mission statements should reflect a focus on pattern analysis, responding to faculty and staff concerns, and threat assessment, prevention and mitigation. An example mission statement would be: *The Behavioral Intervention Team is a campus wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and/or disruptive behaviors by students, faculty/staff and community members who struggle academically, emotionally or psychologically, or who present a risk to health or safety of the college or its members.*

Standard 8. Team Scope: *Teams address concerning behavior among students, faculty/staff, affiliated members (parents, alumni, visitors, etc.) and should work in conjunction with appropriate law enforcement and human resource agencies when needed.*

The scope of the BIT reaches beyond actively enrolled students and the physical geography of the campus. The BIT should define how the school will address concerns within the broader school community. This can include: full and part time students, online students, previously enrolled students, prospective students, faculty/staff and other community members such as partners of students, parents, returning alumni, and those who frequent school services and locations such as the health center, library, camps or sporting venues. It is recommended that teams directly address issues beyond enrolled students, working with law enforcement and human resources as appropriate.

Standard 9. Policy and Procedure Manual: *Teams have a policy and procedure manual that is updated each year to reflect changes in policy and procedures the team puts into place.*

BITs should have a policy and procedure manual that is updated each year to reflect changes in team processes. This manual should be a set of guidelines that provide direction for teams in an organized, consistent and thorough manner. At a minimum, this document should include: the mission statement, statement of scope, and a defined approach to education of community concerning risk factors. It should also outline the philosophy for record keeping, how the team is marketed and advertised, web presence, meeting frequency, template for meetings, intra and inter team communication and documentation standards under FERPA (Family Educational Rights and Privacy Act), explanation of risk rubric and discussion of corresponding interventions at each level, discussion of silo reduction, MOUs with local agencies (as needed), explanation of the difference among psychological, threat and violence cases, how the BIT approaches training (e.g. monthly), and any Standard Operating Practices for online, referral, or tracking systems. Policy and procedure manuals and/or guidelines should not simply be a collection of materials given out to the community or a re-hashing of marketing, website language or mission statements. Rather, the manual should be a set of instructions that would be sufficient to guide

a new team to re-create the processes, follow up on the cases currently managed, and deploy future interventions with consistency. NaBITA offers a template outlining these core elements.⁸

Standard 10. Team Budget: *Teams have an established budget in order to meet the ongoing needs of the team and the community it serves.*

BITs are funded through a variety of mechanisms across institutions. Teams should have an annual allocation, though team funding may be shared across departments. Strategic planning and care should be considered, when developing a budget, to meet the goals and needs of your team and community. Various offices may fund important and foundational items, such as reporting and tracking systems., yet these funds should be transferred or allocated directly into the BIT's budget.

PART 2. Process Elements

Standard 11. Objective Risk Rubric: *Teams have an evidence-based, objective risk rubric that is used for each case that comes to the attention of the team.*

Teams should avoid the temptation to just use the rubric on the subjectively experienced “harder” cases and omitting its use on the “easier” cases. This risk rubric is broadly defined to include mental health and disruptive behaviors as well as threats, ideations or behaviors that put others at risk. An example of an objective risk assessment rubric is the NaBITA Threat Assessment Tool.⁹ Ongoing team member training on these tools should be conducted to ensure consistency and calibration of team member ratings and comfort with the selected tools. BITs assign a rubric-specific level of risk to each person who is discussed by the team at each meeting at which they are discussed.

Standard 12. Interventions: *A team clearly defines its actions and interventions for each risk level associated with the objective risk rubric they have in place for their team.*

Articulating the range of actions and interventions will establish the level of authority and empowerment the team possesses. Interventions will increase as risk level increases, as the level of support and intervention needed for a mild case is different than that of a severe case. The range of interventions should include follow up and information gathering, case management, referral to support resources, parental notification, law enforcement intervention, psychological assessment, threat/violence risk assessment, and interim suspension. While information gathering initially occurs in the first stage of a BIT process, collecting data is an on-going process that allows for tailoring of intervention efforts to ensure their efficacy and effectiveness.

⁸ Van Brunt, B. (2018) CARE team Manual. A publication of the National Behavioral Intervention Team Association (NaBITA). Berwyn, PA.

⁹ Sokolow, B., Lewis, W., Schuster, S., Swinton, D. & Van Brunt, B. (2014). Threat Assessment in the Campus Setting. A publication of the National Behavioral Intervention Team Association (NaBITA). Malvern, PA.

Standard 13. Case Management: *Teams invest in case management as a process, and often a position, that provides flexible, need-based support for students to overcome challenges.*

Case management, whether as a larger philosophy for team interventions or more specifically defined as a position on the team, is about helping students overcome obstacles they encounter in their academic pursuits. Case managers seek to assist students from a solution-focused approach with a focus on what is and can be done, rather than what was and what has held them back. Case managers may conduct intakes, risk assessments, assist students accessing services, develop plans for academic success and foster resiliency, grit and self-reliance. Case managers on a BIT may be clinical or non-clinical in their work and record keeping and seek to help students reach their goals and avoid becoming lost amongst departmental silos.

Standard 14. Advertising and Marketing: *Teams market their services, as well as educate and train their communities about what and how to report to the BIT, through marketing campaigns, websites, logos, and educational sessions.*

Teams should educate and train their communities about what and how to report to the BIT. This can be achieved through the development of a marketing campaign, website, logo, brochures, and educational sessions taught by team members. This also means nurturing the referral source and communicating back to ensure future reports. BITs should have a marketing plan to reach all members of its community through both active (e. g., lecture style conversations with department heads and orientation programs) as well as passive (e. g., website, brochures, signage, videos) advertising and marketing efforts. Marketing and advertising the BIT is an ongoing process, rather than something that is completed and shelved. In addition to advertising the BIT as a whole, training specific departments on the importance of reporting can increase referrals and strengthen trust in your team.

Standard 15. Record Keeping: *Teams use an electronic data management system to keep records of all referrals and cases.*

The BIT must keep track of reports and cases in a way that is secure and easily searchable. Data for data's sake is an insufficient goal for a BIT. The record keeping systems used by the BIT should collect and store reports and case notes in a fashion that allows access for team members, facilitates communication among the team, and has the capability to analyze patterns (such as escalations, de-escalations, and baseline data) that exist beyond anecdotal knowledge. This means using a robust, electronic data management system that allows for data to be entered and stored in a way that is easily retrievable, searchable and secure. Handwritten or paper files should not be used. Reports must also be easily collected from stakeholders, with efforts to remove any obstacles along the way such as overly complicated reporting forms or vague instructions on how and when to share information with the BIT. There should also be a discussion of record expungement, transcript notation and applicable standards under FERPA (Family Educational Rights and Privacy Act), HIPAA (Health Insurance Portability and

Accountability Act) and state confidentiality law. Records should not be hand-written, but rather kept in a searchable, secure, electronic format.

Standard 16. Team Training: *Teams engage in regular, ongoing training on issues related to BIT functions, risk assessment, team processes, and topical knowledge related to common presenting concerns.*

Teams create an annual professional development schedule that includes conferences and workshops, online trainings and webinars, and a review of articles and books throughout the course of the year. These trainings should include issues of risk and threat assessment, mental health, cultural competency, improving inter-team communications, record keeping, tabletop exercises, team process, intervention techniques, review of recent legal cases, silo reduction among departments, and how to best nurture the referral sources coming from the community. Specific training on the tools, systems, and team specific processes for new team members should be conducted by the team chair or experienced team member leadership.

Standard 17. Psychological, Threat and Violence Risk Assessments: *BITs conduct threat and violence risk assessment as part of their overall approach to prevention and intervention.*

Threat and violence risk assessments provide information useful to better inform the interventions deployed by the team. Psychological assessments are used to better understand the mental illness and corresponding behaviors a student may be exhibiting and provide diagnosis, medication and treatment recommendations. Threat assessment is a response to a direct threat (e.g. “I am going to put a bomb in the library,” or “I am going to kill my roommate”). A violence risk assessment is broader and includes assessing the risk of individuals who may not have made direct, veiled, conditional and/or indirect threats. Mental health assessments alone can be necessary, but are not sufficient to determine the risk of targeted or instrumental violence. BITs should build a violence risk assessment capacity within the team itself by training everyone on the team in broad violence risk assessment and then choosing 3-4 members who can perform a specific threat assessment as the need arises. Some examples of these tools include: The Structured Interview for Violence Risk Assessment (SIVRA-35),¹⁰ the Violence Risk Assessment of the Written Word (VRAW2)¹¹ and the Extremist Risk Intervention Scale (ERIS).¹²

PART 3: Quality Assurance and Assessment

Standard 18. Supervision. *The BIT chair regularly meets with members individually to assess their*

¹⁰ Van Brunt, B. (2013). The Structured Interview for Violence Risk Assessment (SIVRA-35). Paper presented at the 8th European Congress on Violence in Clinical Psychiatry. Ghent, Belgium.

¹¹ Van Brunt, B. (2016). “Assessing Threat in Written Communications, Social Media, and Creative Writing.” *Journal of Violence and Gender*, 3(2), p. 78-88.

¹² Van Brunt, B., Murphy, A. & Zedginidze, A. (2017). An Exploration of the Risk, Protective and Mobilization Factors Related to Violent Extremism in College Populations. *Journal of Gender and Violence*, 4(3), p. 81-101.

functional capacity and workload and to offer guidance and additional resources to improve team membership performance.

The chair of the team conducts two face-face meetings each semester with each team member to assess how they are functioning on the team and look for opportunities to share and receive feedback on ways to ensure their on-going effective team membership. This may include discussions of risk rubric or assessment understanding and application, addressing potential stress and burnout from difficult or challenging cases, balancing workload with other job duties and identifying personal goals and objectives moving forward.

Standard 19. End of Semester and Year Reports: *Teams collect and share data on referrals and cases to identify trends and patterns and adjust resources and training.*

The development and management of campus BITs requires a commitment to assessing the ever-changing nature of risk assessment and team dynamics. End of semester and year reports become the institutional record of the BIT functionality and provide insight into trends on campus, areas to which prevention programming should be directed, and the team's risk mitigation efforts. These reports allow teams to identify areas of concern and direct resources and training time to mitigate potential problem areas on the team. Reports should include, at minimum, data related to: demographic data about referred student, types of referrals, referral source, risk rating at start and upon closing of a case, interventions used, team trainings, accomplishments, and identified areas for improvement. Teams should establish a strategic plan for the assessing the outcomes related to your interventions for those referred. This plan could include satisfaction surveys, retention data, pre and post surveys, etc.

Standard 20. Team Audit: *Teams assess the BIT structure and processes and ensure it is functioning well and aligning with best practices.*

Every two years, the BIT conducts an internal or external review of their structural, process and quality assurance and assessment elements. These elements include: policy and procedure manual, team traits, addressing siloed communication, education and marketing, nurturing the referral source, data collection, record management, team training, risk rubric and quality assurance. NaBITA created the Core-Q¹⁰ assessment as one method to ensure the team is operating in an effective and efficient manner

CONCLUSION

NaBITA's professional standards are provided to offer national guidelines in the structure, process, and assessment of the BIT. These standards are based on academic research, clinical studies, law enforcement reports, governmental investigations, and campus best practices. Ultimately, the standards offered here will enhance the ability of a school to review how its BIT functions and to foster appropriate and timely response to identified needs and avert future tragedies.